

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

☐ **Amendment** (Explain Below)

Date Stamp

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CITY OF LODI

1. Statement Covers Calendar Year 2009.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

LARRY D. HANSEN

STREET ADDRESS

121 WEST PINE ST. Lodi, CA 95242

CITY

STATE

ZIP CODE

3. Office Sought or Held

OFFICE SOUGHT OR HELD

JURISDICTION (LOCATION)

Lodi City Council

DISTRICT NUMBER
(IF APPLICABLE)

(209) 747-6533

AREA CODE/DAYTIME PHONE NUMBER

Lhansen9116@sbglobal.net

OPTIONAL: FAX / E-MAIL ADDRESS

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/30/09

DATE

BY Larry D. Hansen

SIGNATURE OF OFFICEHOLDER OR CANDIDATE